

Family Care Encounter Reporting Requirements Document – Release 1.6

What's New In This Release

The Encounter application has had a few changes in recent months. The changes fall in two categories: New, Changed Data elements and New Edits.

New Data elements:

The following fields are new data elements. Currently these elements are optional, but at some point in the future these data elements may become mandatory. The CMOs do not need to implement these immediately, but should begin to plan on when and how to implement these data elements. Part of this planning needs to take into account both providing the new tags in the XML file and collecting the data in your Claim Processing system.

When you decide to implement either the tags by themselves or the tags with data, you will need to coordinate with the BIS Team (namely, Sun Lutz). You must test your newly changed submission layout before you start using it in production. Any data that is sent we will attempt to validate.

- National Health Plan Identifier (<**national_health_plan_id**>)
- National Provider ID (Supported by Release I, using the existing Provider Ids and the corresponding Provider qualifier **XX**)
- National Recipient ID (<**national_recipient_id**>)
- Diagnosis Related Group (<**drg**>)
- Recipient Information
 - Birth date <**recipient_birth_date**>
 - Death date <**recipient_death_date**>

Changed Data elements:

The following XML tags have been changed. These changes are optional, but at some point in the future these new tags will become mandatory. The CMOs do not need to implement these immediately, but should begin to plan on when to implement these XML tags.

When you decide to implement the new tags, you will need to coordinate with the BIS Team (namely, Sun Lutz). You must test your newly changed submission layout before you start using it in production. Any data that is sent we will attempt to validate.

- XML Tag for Principle_diagnosis_code has been changed to <**Primary_Diagnosis_Code**>.
- XML Tags for spc_code and spc_subprogram_code has been changed to <**SPC**>. Note that this change will concatenate the two previous tags with a period between them (e.g. 104.10).

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New Edits:

These are new edits that have been added since release 1.5. Most of these edits will start as warnings and will move to Batch Accept Errors. BIS will notify you in advance when the change is made. The assumption is that they will not move to Batch Accept Errors until the counties have had an opportunity to make the necessary system changes.

Field ID	Error Category	Edit #	EDIT	Error msg #	Error Message	Comments
Primary ANSI Reason Code	Warning	D11E	For a Denied transaction a Primary ANSI must be provided	S173	Missing Value. Denied transactions require a Primary reason code.	We used to allow either an ANSI or a CMO reason code. Please note the change
Primary ANSI Reason Code	Warning	D11F	For a paid Transaction where the amount paid is less than the charge amount a Primary ANISI reason code must be provided	S174	Missing Value. When Paid amount is less than Charge Amount, a Primary reason code is required.	If you pay less than the charge amount, we would like a reason as to why.
“any” ANSI Reason Code	Warning	D11G	When ANSI (s) is (are) provided, the data must start with Primary ANSI, and be filled sequentially without gaps.	S203	Invalid sequence. ANSI code is not in sequential order.	
“any” Modifier Code	Warning	D47E	When Modifier(s) is (are) provided, the data must start with first Modifier, and be filled sequentially without gaps.	S204	Invalid sequence. Modifier code is not in sequential order.	
Receipt Date	Warning	D57C	Receipt date must be present	S175	Receipt date must is missing.	
Paid Amount	Warning	D58E	If Claim Status = Paid, and the TPL Paid Amount = ("0 or less than 0") or NULL, then the Paid Amount must be greater than 0	S172	Paid Amount is NOT greater than 0	It is acceptable to have a Paid Amount = 0, only if a Third party paid the claim.

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Field ID	Error Category	Edit #	EDIT	Error msg #	Error Message	Comments
Paid Amount	Warning	D58F	When both Paid Amount and Charges are provided, the Paid amount must be less or equal to the charges	S176	Invalid value. Paid amount is greater than Charges.	
Recipient Birth date	Warning	D71B	If the recipient birth date is Provided then it must be less than From Date of Service	M034	Invalid data. Recipient birth date is greater than the “From date of service”	
Recipient death date	Warning	D72B	If the recipient death date is Provided then it must be less than or equal to posting date	M036	Invalid data Recipient death date is greater than Posting date	
Primary Diagnosis Code	Warning	D75E	The Primary Diagnosis Code must be NULL for a Member share transaction	S200	Invalid data Primary Diagnosis Code must be NULL	
“any” Diagnosis Code	Warning	D75F	When Diagnosis(s) is (are) provided, the data must start with Primary or Principal Diagnosis, and be filled sequentially without gaps.	S205	Invalid sequence. Diagnosis code is not in sequential order.	